

BWP AQ AP-1

SSEIS Identifier _____

Emission Unit – Fuel Utilization Equipment

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Important:

Complete one section "A" for Each fuel utilization emission unit. Make additional copies of these pages as necessary.

A. Equipment Description

1. Facility - the site or works at which the regulated activity occurs:

Name

2. Emission unit name / identifying Number: _____

3. Equipment:

a. Type (boiler, furnace, Engine, etc.) _____

b. Date of installation _____

4. Manufacturer _____

5. Model number _____

6. Maximum input rating (BTU/hr) _____

7. Burner manufacturer _____

8. Type of burner _____

9. Number of burners _____

10. Fuels

Primary fuel

Secondary Fuel

a. Type and grade _____

b. Sulfur content (% by weight) _____

c. Maximum fuel rate for all firing burners
(indicate gal/hr, lbs/hr, cubic feet per hour) _____

d. Percent used for heating _____

e. Annual usage amount
Indicate: gals, lbs, tons, cubic feet) _____

11. Air Pollution Control Equipment

☐ Yes

☐ No

a. Type (scrubber, fabric filter, etc.) _____

b. Model / manufacturer _____

c. Pollutants controlled

☐ PM10 ☐ SO2 ☐ NO2 ☐ CO ☐ VOC
☐ PM2.5 ☐ NH3

☐ Other: _____

d. Efficiency (percent)

% Capture

% Control

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

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A. Equipment Description (cont.)

12. Date of installation

- a. DEP Air Quality approvals (if applicable) or Exempt in accordance with 310CMR 7.02 or 7.03.

Approval Number

Date

13. Fuel supplier and address

14. Stack Data

- a. Dimensions

Height (feet)

Diameter (inches)

- b. Range of gas exit velocity

From

To (feet per second)

- c. Range of exit temperature (Fahrenheit)

From

To (° Fahrenheit)

- d. Stack material of construction

15. Monitors

- a. Manufacturer

- b. Model number

- c. Recorder

☐ yes

☐ no

- d. Audible alarm

☐ yes

☐ no

- e. Data system

☐ yes

☐ no

- f. Date in service

☐ yes

☐ no

- g. Monitoring pollutants

☐ PM10 ☐ SO2 ☐ NO2 ☐ CO ☐ VOC
☐ PM2.5 ☐ NH3

☐ Other:

Massachusetts Department of Environmental Protection

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A. Equipment Description (cont.)

16. Total Emission (tons per year)	Actual	Potential	Permitted
<input type="checkbox"/> PM10	_____	_____	_____
<input type="checkbox"/> SO2	_____	_____	_____
<input type="checkbox"/> NO2	_____	_____	_____
<input type="checkbox"/> CO	_____	_____	_____
<input type="checkbox"/> VOC	_____	_____	_____
<input type="checkbox"/> PM2.5	_____	_____	_____
<input type="checkbox"/> NH3	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

B. Certification

Signed under the pains and penalties of perjury.

"I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Signature of responsible official_____
Print Name_____
Title_____
Date**For DEP Use Only**_____
Stack Identifier_____
Point Identifier_____
SCC Identifier_____
Method Code